

# BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	1	0		0		0			
TOTAL DEP.	1	0		0		0			
TOTAL CLAIMS	1	0		0		0			
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									